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***Annual Report***

of

***The Medical Officer of Health***

incorporating


***The Report***

of

***The Chief Public Health Inspector***



FOR THE YEAR 1966



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THE REPORT

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THE CHIEF PUBLIC HEALTH INSPECTOR

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For the year 1966



RURAL DISTRICT OF MERE AND TISBURY  
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1966

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the district during the year 1966. The report follows the recommendations of the Ministry of Health in Circular No. 1, 1966. Sections 5 (3) and 15 (5) of the Public Health Officers' Regulations, 1959, are referred to in this Circular which sections draw attention to the provision in the Regulations for the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health in this area, in addition to any on which he is specifically required to report.

The Report of the Chief Public Health Inspector, Mr. Harry Sharratt, is incorporated. This provided me with detailed information in regard to environmental public health in the district, to supplement that derived from my own personal observation, and enables some further comments to be made.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department, particularly Mr. Sharratt, and of my associates in other departments of the Council. I also thank most gratefully my colleagues, the local General Medical Practitioners and Health Visitors, also Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory, for their invaluable and friendly co-operation.

There is an arrangement between the East Wilts Districts and the South Wiltshire group of districts, excluding Salisbury City, under which their Medical Officers of Health deputise for each other during holiday periods or other absences from work. I would like to thank my colleague Dr. F. D. F. Steede for his help, during the year.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN

16th June, 1967.

Medical Officer of Health.





## INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report.

1. In the "Vital Statistics" Section:-

The "standardized" general death rate of 10.2 per 1,000 is virtually the same as that for last year, but still fractionally lower than the previous year's rate for England and Wales, and for the County of Wiltshire. Over half of it was due to diseases of the heart or circulation.

The "nil" maternal mortality rate.

The infant mortality rate of 14.8, per 1,000 live births, is a lot higher than last year's rate of 5.5, but is still lower than the national rate for the previous year (19.0).

2. In the "Communicable Disease" Section:-

The District was again fortunate in having a general low incidence of notifiable communicable diseases, except for Measles, which was prevalent.

The respiratory tuberculosis notification rate again remained at nil. One case of (respiratory) tuberculosis died during the year.

3. In the "Environmental Public Health and Food" Section:-

The need for enrichment of the fluoride-weak drinking water available from the Mere and Maiden Bradley sources remains, and I understand that the West Wilts Water Board are still waiting for a lead from the Wiltshire County Council in this matter, which, unfortunately, had not been given by the end of the year.

New sewerage and disposal works for Mere were completed by the end of the year. The construction of new works at Maiden Bradley was well advanced.

In Housing, in spite of the substantial amount of work done by the Council in providing Council dwellings there is still a great need for more housing accommodation for people at present without their own homes, plus a much smaller number of people who may be now living in worn out or insanitary buildings in the "condemned" class. The number of families on the waiting list for housing by the Authority increased during the year from 214 to 242. The need to conserve every acre of good agricultural land is increasingly paramount for the health and welfare of this country.

THE MAIN PUBLIC HEALTH NEEDS - These remain as previously, namely:-

1. More homes, with the minimum encroachment upon agricultural land.
2. Enrichment of fluoride-weak drinking water supplies, to enable teeth to grow healthy and be durable.
3. Less tobacco smoking. Continued effort to counteract the advertising of cigarettes which has been so largely directed at young people.
4. Progress in sewage disposal schemes, in priority for East Knoyle, Teffont and Chilmark, and Berwick St. John, in addition to the improvements already made for Mere, and for Maiden Bradley.



# STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F.J.G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London), L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. Canada).

Address: Office - 26, Endless Street, Salisbury. (Tel: 5201)  
Residence - "Till Orchard", Berwick St. James. (Tel: Stapleford 269)

Chief Public Health Inspector: H. SHARRATT, M.A.P.H.I.

Additional Public Health Inspector: R. KNOX, M.A.P.H.I.

Clerk: (Mere Office): MISS E. A. KITE

Clerk: (Salisbury Office, M.O.H.): MRS. J. LUCAS (left December, 1966)  
Mrs. J. Watters as from December, 1966).

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under the arrangements made in 1954, acts also as Assistant County Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the Salary for the Joint Appointment is allocated to the Mere and Tisbury Rural District Council).

## GENERAL STATISTICS

Vital Statistics, 1966 - As there has been a change of boundary during the year, the statistics shown represent the events assigned to the area within the boundaries as they existed at the date of registration of each event. To allow calculation of valid Birth and Death rates, the figures shown under "Estimated Mid-Year Population" is a weighted average of the mid-year population of the area as constitutes before and after the change.

Number of Parishes .. .. .	26
Area in Acres .. .. .	71,319
Population, 1961 Census .. .. .	11,195
Population, Registrar General's Estimate for mid year .. .. .	11,480
Density of population - people per acre .. .. .	0.15
Number of inhabited dwellings (houses or flats) .. .. .	3,859
Number of inhabited dwellings owned by the Council at the end of the year .. .. .	761
Number of new Council dwellings built during the year .. .. .	None
Number of applications for Council housing at the end of the year on waiting list .. .. .	242
Rateable Value .. .. .	£300,926
Product of a penny rate (31.3.64) .. .. .	£1,152

# ADMINISTRATIVE CHANGES IN THE PUBLIC HEALTH DEPARTMENT DURING THE YEAR

There was no change during the year in the administration of the Public Health Department.

## VITAL STATISTICS

TABLE 1

### BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births .. .. .	Legitimate	66	59	125
	Illegitimate	8	3	11
	Total	74	62	136
Illegitimate Live Births per cent of Total Live Births		..	..	8.1
Crude Live Birth Rate per 1,000 population .. .. .		..	..	12.4
*Comparability Factor for Births .. .. .		..	..	1.19
Standardized Live Birth Rate .. .. .		..	..	14.7
		<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births .. .. .	Legitimate	1	0	1
	Illegitimate	0	0	0
	Total	1	0	1
Total Live Births and Still Births .. .. .		75	62	137
Still Births, rate per 1,000 Live and Still Births		..	..	7.3
		<u>Male</u>	<u>Female</u>	<u>Total</u>
Infant Deaths .. .. .	Legitimate	0	2	2
	Illegitimate	1	0	1
	Total	1	2	3
Infant Mortality Rate per 1,000 Live Births ..	Legitimate			14.7
	Illegitimate			7.3
	Total			22.0

#### NOTE:

I.M.R. =  $\frac{\text{deaths under 1 year}}{\text{Live births}} \times 1,000$

For Comparison: I.M.R. Wiltshire (previous year) .. .. . 17.7  
I.M.R. England and Wales .. .. . 19.0

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Neo Natal (in first four weeks) Deaths: Legitimate	0	0	0
Illegitimate	1	0	1
Total	1	0	1

Neo Natal Mortality Rate	..	..	..	..	..	..	..	7.3
--------------------------	----	----	----	----	----	----	----	-----

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Early Neo Natal deaths (in first week): Legitimate	0	0	0
Illegitimate	1	0	1
Total	1	0	1

Early Neo Natal Mortality Rate	..	..	..	..	..	..	7.3
--------------------------------	----	----	----	----	----	----	-----

Perinatal Deaths (Still Births + Early Neo Natal Deaths):

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	0	1
Illegitimate	1	0	1
Total	2	0	2

Perinatal Mortality Rate (per 1,000 Live + Still Births)	..	..	14.8
--	----	----	------

Maternal Deaths (including Abortion)	..	..	..	..	..	..	0
--------------------------------------	----	----	----	----	----	----	---

Maternal Mortality Rate per 1,000 Live and Still Births .. ..	0
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\* COMPARABILITY FACTOR FOR BIRTHS - (This "standardizes" or compensates for age and sex distribution of the local population so that the standardized birth rate can be compared with the rate for England and Wales, and with similarly standardized birth rates in other areas).

Comment

The Registrar General's estimate of mid-year population of the Rural District shows only a slight decrease, and the birth rate has also slightly decreased, to 14.7 (standardized). The five previous years' "Standardized" birth rates were (1961) 16.0, (1962) 17.4, (1963) 18.2, (1964) 18.8 and (1965) 17.4. The Infant Mortality Rate is double last year's rate, but is only fractionally more than the national and County Rates. But the relatively small number of births and deaths in a small population makes the calculated rate subject to a big chance factor. Each single death makes a difference of 6 units in the I.M.R. Thus a death on the 31st December, instead of the 1st January, could cause a difference of 12 between the I.M.R. of one year and the next, hence big annual fluctuations can occur, especially when a lot of deaths happen to occur just before or after the end of a particular year.



TABLE II

## DEATHS AND DEATH RATES

							<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths	..	..	..	..	..	..	72	74	146
Crude Death Rate per 1,000 population	..	..	..	..	..	..	..	..	12.6
Comparability Factor for Deaths	..	..	..	..	..	..	..	..	0.81

This factor, being substantially less than unity, indicates that the age distribution of the local population is more elderly than that of the Country as a whole. Its application makes the local "crude" rate comparable with that of the Country, and with similarly adjusted rates from other localities.

Death Rate as standardized by Comparability Factor	..	..	..	..	..	..	10.2
Death Rate for Wiltshire (previous year) - standardized	..	..	..	..	..	..	10.3
Death Rate for England and Wales for comparison	..	..	..	..	..	..	11.5

Comment

The number of deaths was identical, but owing to the slightly reduced population, and the crude and standardized death rates are therefore marginally raised as compared with last year. The standardized rate is lower than that for the previous year in Wiltshire and in England and Wales.

## NATURAL INCREASE

As for the first time within my knowledge, the number of births during the year fell short of the deaths, this is negative, MINUS 10.

Increase of Live Births over deaths for the year	..	..	..	..	..	..	Minus 10
Rate of Natural Increase, per 1,000 of population	..	..	..	..	..	..	Minus 8

This, represents a substantial decrease, and is the first time that I have recorded the reverse of the natural increase in any of my Annual Reports. With present housing shortages, one can only be glad of any slackening in the headlong population race, but it does, as does the comparability factor, reflect the Rural District's ageing population.

TABLE III

Certain "Specific" Death Rates in Inverse "Health Index" Value  
(Rates per 1,000 population, except for maternal rate).

(1)	Deaths due to Tuberculosis (all forms) - both sexes	..	1
	Tuberculosis Death Rate	.. .. .	0.1
	Deaths due to Respiratory Tuberculosis	.. .. .	1
	Respiratory Tuberculosis Death Rate	.. .. .	0.1
	Previous year's Respiratory Tuberculosis Death Rate, Wiltshire, for comparison	.. .. .	0.03
	Previous year's Respiratory Tuberculosis Death Rate, England and Wales, for comparison	.. .. .	0.048
(2)	Deaths from Cancer and related Malignant Diseases	.. ..	26
	Specific Death Rate from Cancer (all forms)	.. ..	2.3
	Previous year's death rate from Cancer (all forms)		
	Wiltshire	.. .. .	1.79
	Previous year's death rate from Cancer (all forms)		
	England and Wales	.. .. .	2.23
	Deaths from Lung Cancer	.. .. .	4
	Specific Death Rate from Lung Cancer	.. .. .	0.35
	Previous year's Death Rate from Lung Cancer, Wiltshire	..	0.39
	Previous year's Death Rate from Lung Cancer, England and Wales	.. .. .	0.55
(3)	Deaths from Heart Disease and other diseases of the circulatory system	.. .. .	80
	Specific Death Rate from Heart Disease	.. .. .	7.0
	Rate for Coronary Disease only	.. .. .	2.5
(4)	Maternal Deaths (due to Pregnancy, Childbirth or Abortion)	.. .. .	0
	Maternal Mortality Rate - per 1,000 live and still births.		0
	Previous year's Maternal Mortality Rate (Childbirth Abortion, Pregnancy), Wiltshire for comparison	.. ..	0.21
	Previous year's Maternal Mortality Rate (Childbirth, Abortion, Pregnancy), England and Wales	.. .. .	0.25
(5)	Deaths from Accidents and Violence	.. .. .	0.7

#### Comment

Certain of the specific "index" mortality rates are analysed, or broken down, in the following Table IV. On the whole, there "inverse indices" of the state of health of the community are satisfactory. Most are on the low side except the rate for Heart Diseases and for Lung Cancer, which is higher than for Wiltshire, and higher than for England and Wales. Once again there is a "nil" specific death rate from Tuberculosis and a "nil" rate from Pregnancy, Childbirth or Abortion (Maternal Mortality). Both these latter statistics are very satisfying to record. (See also comment after Table IV).

# ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to classify the Registrar General's annual table for this district into seven groups, labelled "A" to "G" as set out in Table IV.

TABLE IV - ANALYSIS OF CAUSES OF DEATHS

					<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000</u> <u>population</u>
<u>Group A - Certain Communicable Diseases</u>								
1.	Tuberculosis - Respiratory..	..	..	..	0	1	1	0.1
2.	Tuberculosis - Other ..	..	..	..	0	0	0	0
3.	Syphilitic Disease ..	..	..	..	0	0	0	0
4.	Diphtheria ..	..	..	..	0	0	0	0
5.	Whooping Cough ..	..	..	..	0	0	0	0
6.	Meningococcal Infection ..	..	..	..	0	0	0	0
7.	Poliomyelitis ..	..	..	..	0	0	0	0
8.	Measles ..	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Other than Influenza and Pneumonia)				0	0	0	0
Total Group A .. ..					0	1	1	0.1
<u>Group B - Cancer and related Malignant Diseases</u>								
10.	Malignant Neoplasm - Stomach ..				0	2	2	0.2
11.	Lung or Bronchus				4	0	4	0.35
12.	Breast ..				0	3	3	
13.	Uterus ..				0	0	0	
14.	Other Malignant or Lymphatic Neoplasm				10	4	14	
15.	Leukaemia or Aleukaemia ..	..	..		0	3	3	
Total Group B .. ..					14	12	26	2.3
<u>Group C - Diabetes</u> .. ..					0	0	0	0
<u>Group D - Heart and other Diseases of</u> <u>Circulatory System</u>								
17.	Vascular Lesions of Nervous System ("Stroke") ..	..	..	..	13	11	24	2.1
18.	Coronary Disease or Angina..	..	..		19	10	29	2.5
19.	Hypertension with Heart Disease..				0	8	8	
20.	Other Heart Diseases ..	..	..		5	9	14	
21.	Other Circulatory Diseases..	..	..		3	2	5	
Total Group D .. ..					40	40	80	7.0



						<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 population</u>
<u>Group E - Respiratory Disease - Other than Tuberculosis or Cancer</u>									
22.	Influenza	..	..	..	..	1	1	2	0.2
23.	Pneumonia	..	..	..	..	4	6	10	1.0
24.	Bronchitis	..	..	..	..	1	3	4	0.35
25.	Other Diseases of Respiratory System	..	..	..	..	1	1	2	
Total Group E						7	11	18	1.8

Group F - Miscellaneous

26.	Ulcer of Stomach and Duodenum	..				0	1	1	
27.	Gastritis, Enteritis	..	..	..		0	1	1	
28.	Nephritis and Nephrosis	..	..			2	0	2	
29.	Hyperplasia or prostrate	..	..			0	0	0	
30.	Pregnancy, Childbirth, Abortion	..				0	0	0	
31.	Congenital Malformation	..	..			0	0	0	
32.	Other Defined and ill defined Diseases	..	..	..	..	5	5	10	1.0
Total Group F						7	7	14	1.5

Group G - Accidents and Violence

33.	Motor Vehicle Accidents	..	..			1	1	2	
34.	All other Accidents	..	..	..		2	2	4	
35.	Suicide	..	..	..	..	1	0	1	
36.	Homicide and operations of war	..				0	0	0	
Total Group G						4	3	7	0.7

37.	All Causes	..	..	..	..	72	74	146	12.8
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Comment on Table IV

Deaths from Diseases of the Heart and Circulatory System, as usual the most common cause of death in this district, have remained the same level as last year, 7.0 per 1,000 and amount to over half of the total number of deaths. They remain the greatest fatal endemic diseases affecting the district. Excepting No. 17, (stroke) which is liable to cause patient's relatives great discomfort, anxiety, and, for the relatives sometimes unbearable strain, this group is probably the most satisfactory one to belong to in the Registrar's case book of deaths. However, in the case of item 18, (coronary disease) this does often involve a sudden and fearful blow to a family, where the breadwinner is taken away during probably the most lucrative, but responsible period of life.

There was one death (female) from lung tuberculosis, but I am glad to report the lung cancer death rate has fallen from 0.72 last year to 0.35 per 1,000. The "Nil" Maternal Death rate has already been noted. The deaths from accidents and violence have increased, and these include one suicide.

## Heart Disease

This high mortality from heart diseases, is a challenge to the public health departments. It is now believed that this can be reduced, or at least postponed to a later date, by the following measures:

- (i) Certainly by reduction of weight, especially in the already obese.
- (ii) Less certainly, but probably, by reduction of the amount of animal fat in the diet, (butter, cream, meat fat, bacon fat, etc). Fish fat and certain vegetable fats (e.g. linseed oil) are believed to be less harmful, and indeed to some extent displace, or counteract, the effect of meat and milk fat in the diet. It is thus safer to fry foods in "corn" (maize) oil or olive oil, than in butter or meat "dripping".
- (iii) Regular moderate exercise - "Walk instead of drive - where practicable".
- (iv) Giving up the smoking of tobacco, or reducing it to a minimum of pipes or of cigars, but no cigarettes.

To publicise these measures, together with the special dangers of cigarette smoking in regard to lung cancer and bronchitis, is now a major duty of the public health department.

### TOBACCO SMOKING:- Lung cancer and other Effects

The weekly journal of Public Health, "The Medical Officer", for 23rd December, 1966, happened to contain two sections which are so relevant and important that I decided to quote them in my Annual Reports. The first is from the regular weekly feature in the journal called "Parliament and Public Health".

#### "LUNG CANCER AND CIGARETTES"

"On 9th December Dr. John Dunwoody moved a resolution urging the Government to limit cigarette advertising and coupon schemes because of the relationship between cigarette smoking and lung cancer and to institute a nation-wide campaign of health education, especially for school children and further research. This year, he said, deaths from lung cancer would be nearly 30,000; ten years ago they were 20,000 and 20 years ago 10,000. This was undoubtedly a real increase which the public did not appreciate. We were facing an epidemic such as we had not had since the days of cholera, it was the major public health problem. He referred to the recent Tobacco Research Council survey in N. Ireland which had confirmed that the heavy smoker was 20 times more liable to lung cancer than the non-smoker. Further, Doll and Hill's survey among doctors, the only section of the community where smoking had declined, showed that for them the lung cancer death rate had dropped by 7 per cent whereas for the rest of the community it had increased by 22 per cent. This was the answer to those who said: "I have smoked for 30 years. The damage has already been done. It is no use giving it up now".



The amount spent on cigarette advertising, including coupon schemes, had rocketed. In 1955 it was £3,500,000 but the estimate for this year was £36m. Two-thirds of that would be spent on coupon schemes. He urged a permanent agreement with the manufacturers to set limits on advertising and it should be considered whether coupon schemes should be ended. The suggested giving of trading stamps should be rejected.

Dr. Dunwoody said there was on the credit side an encouraging increase of non-smokers in the 16-19 and 60-65 age groups, but there was still need for more education and research into cigarette-addiction.

Mr. W. A. Wilkins (Bristol, S) was the only member who opposed the resolution, on grounds of lack of evidence, in the ensuing debate.

Replying, the Minister of Health (Mr. K. Robinson) said the Government accepted the motion. The evidence pointed clearly to the conclusion that the association between lung cancer and smoking was one of direct cause and effect. It was known that the chief incriminating agent was cigarette smoking, and nine-tenths of cancer of the lung would be prevented if only people could be persuaded to stop smoking cigarettes.

Research so far suggested that the part played by air pollution in causing lung cancer was a relatively minor one compared with cigarette smoking. Investigations had shown that diesel fumes did not play any part, but atmospheric pollution was almost certainly a contributory cause and aggravated the condition once developed.

"We must take the relationship between cigarette smoking and lung cancer," Mr. Robinson said, "as an accepted scientific fact even though we do not as yet know exactly how the effect is produced." Efforts must be made to remove incentives to smoking and encourage public opinion to accept non-smoking as the norm. The Government had already brought cigarette advertising on television to an end. There had been suggestions about limits on smoking in public places and these were also under consideration by the Government. He hoped to make a statement in the near future.

The Minister also described negotiation with the tobacco industry and referred to the survey of smokers' attitudes carried out for the Government.

The second is a quotation by the journal from the last Annual Report, before retirement, of my remarkable and vital colleague, Dr. Irene Green for years a member of the Council of the Society of Medical Officers of Health, and until recently also a member of the B.M.A.'s Public Health Committee.

#### A FINAL SHOT FROM DR. GREEN

In her 19th and last annual report (for 1965) to Forehoe and Henstead R.D.C before her recent retirement as Medical Officer of Health, Dr. Irene B. M. Green returns to one of her regular themes in the following characteristic passage on lung cancer:-

"This predominantly avoidable disease, lung cancer, has killed 96 men in the last 10 years and 50 per cent of them died prematurely during working life, many of them at ages under 50."

"As it is an established fact that heavy cigarette smoking is the commonest predisposing cause of this fatal disease, these figures cannot be too widely publicised. Nearly 100 families deprived of the main breadwinner, wives of their husbands and children of their fathers is a monstrous price to pay for a foolish habit. This is, of course, not the only price, although the most serious and final. To smoke himself to death must have cost the average victim at least £190 per annum and if he has smoked at this rate for 20 years or more, which is the common history in lung cancer cases, his golden path towards his early death must have cost in the region of £3,802. In the light of these figures, if gambling is described as a mug's game, what can you call heavy smoking? The young must be dissuaded from starting the habit. If parents care enough about their children's future, surely they can give up this dangerous habit as an example to them. How much better in health they will feel and how much more money they will have to spend on better things!"

"What has happened to our once sturdy race? Are we mice or men? Why be born free to enslave yourself to nicotine? The National Health Service, however good, has no answer to this disease. Only the will of the people can prevent it."

Lastly I quote from my colleague Dr. F. D. R. Steede's report to one of his East Wilts Councils. (Dr. Steede and I deputise for each other when necessary).

"This is not an 'Accessible Cancer' and since the onset is insidious, early diagnosis is very difficult, usually only made during routine mass miniature radiography chest surveys. Prevention therefore is all important, which in practice means avoiding or giving up the cigarette smoking habit. Those who give it up permanently reduce their chance of getting lung cancer by half, immediately they cease to smoke, which I feel needs more publicity. I am glad to see a reduction in deaths from coronary heart disease, and this again is a disease which occurs more frequently in the younger cigarette smoker. I feel that too little attention has been paid to that part of the Report of the Royal College of Physicians, 1962, where the statement is made the 'The chance of dying in the next ten years for a man aged 35 who is a heavy cigarette smoker is 1 in 23 whereas the risk for a non-smoker is only 1 in 90.' It seems odd to me that people are prepared to spend hard-earned money to maintain a habit which carries the certainty that for many permanent injury to health or premature death will result. Apart from personal unhappiness and suffering there is the economic side of the picture, which deprives the nation of a great deal of man hours, while about 10 per cent of fire damage is caused by carelessness with smoking materials, currently amounting to over £80 million per year."



## COMMUNICABLE DISEASES

The measure of the extent to which people are immunised against communicable diseases in a district has become one of the "indices" of the health of the community. "Artificial" immunisation against certain diseases amenable to prevention, or attenuation, by this method is now available for a number of communicable diseases, which number increases every few years. As long as this method of protection against specific communicable diseases is not allowed to obscure the wider, general measures for the promotion of health - good nutrition, housing, education, interesting occupation and creative use of leisure time - its gradual development and multiplication is all to the good. The longest established and so far most proven successful and lasting artificial immunisations, are those against smallpox and diphtheria. In more recent years protection against whooping cough (partial), tetanus, and against poliomyelitis, have been accepted as normal practice. For Wiltshire, the Wiltshire County Council as Local Health Authority under the National Health Service, operates in this District a scheme for protection against these five diseases. Smallpox immunisations are done by the "Family Doctors" under the National Health Service for the County Council. These are now done at a later age, 15-18 months old, instead of during the first six months of infancy. The other immunisations are performed either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or specially held immunisation clinics, usually arranged at Central Clinics or at village halls. In this area, all the immunisations, (except for oral poliomyelitis) are still carried out by doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted for injections.

Again, this year, I am omitting the tables of immunisation statistics which the County Medical Officer of Health, Dr. C. D. L. Lycett, has regularly provided, broken down for each District separately. These tables are not received until after the drafting of this Annual Report, which is now rendered possible earlier in the year, now that the Registrar General sends me the annual statistical returns for the District in the late spring, instead of early summer, a welcome innovation due to the introduction of computers. This enables me to start drafting the Annual Reports for my three districts two months earlier than in years prior to 1965. The immunisation figures will, of course, later be available in Dr. Lycett's own Annual Report of the County Medical Officer of Health.

### Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise only those diseases which are compulsorily "notifiable", under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

But certain common communicable diseases such as influenza, rubella and mumps, and also venereal diseases, because they are not generally "Notifiable", cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for some minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

The year was again remarkable for an extremely low incidence of all kinds of notifiable disease, except measles, which was moderately epidemic, and only three cases of "food poisoning" were notified.

This year there were no new notified cases of Tuberculosis. At the end of the year there was a total of 42 cases of tuberculosis in my register for the Rural District. 34 of these were respiratory and 8 non-respiratory.

As a cause of endemic disease, heart, cancerous and respiratory diseases have replaced the old idea of "infectious disease" as prime epidemiological culprits. Public Health workers have now to tackle this trio of killers with the same energy as they used to tackle the now weakening group of "communicable" diseases.

The effort to persuade people to reduce tobacco smoking as a step in the prevention of bronchitis and lung cancer, is one example of modern epidemiology in the public health service, as are the avoidance of obesity, (especially if caused by excessive eating of animal fat), plus the taking of regular moderate exercise still, after middle age, as measures to reduce heart and circulatory diseases. However, the development of new types of "infectious diseases" especially the very numerous different "virus" diseases, which are not yet "notifiable" is beginning to present a new problem, as are strains of bacteria causing the older diseases which have become resistant to overworked forms of drug treatment.

TABLE VI  
NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

						Sub div'ns of Main Diseases	Main Disease	Group Total
1.	<u>Tuberculosis</u>							
(a)	Respiratory	..	..	..	..	0		
(b)	Meninges and Nervous System	..	..			0		
(c)	Other Forms	..	..	..	..	0		
(d)	Group Total	..	..	..	..		0	0

(Newly notifiable Respiratory Tuberculosis  
Rate per 1,000 population = Nil).



Sub div'ns of Main Diseases	Main Disease	Group Total
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## 2. Other Respiratory Notifiable Diseases

(a)	Whooping Cough	..	..	..	..		
(b)	Pneumonia Acute	..	..	..	..		
(c)	Group Total	..	..	..	..		0

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3.	<u>Diphtheria</u>	..	..	..	..	..	0	0
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4.	<u>Meningococcal Infection</u>	..	..	..	..		0	0
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## 5. Virus Diseases of Nervous System

(a)	Poliomyelitis - Paralytic	..	..	..	..	0		
(b)	Poliomyelitis - Non Paralytic	..	..	..	..	0		
(c)	Total	..	..	..	..		0	
(d)	Encephalitis - Infective	..	..	..	..	0		
(e)	Encephalitis - Post Infectious	..	..	..	..	0		
(f)	Total	..	..	..	..		0	
(g)	Group Total	..	..	..	..			0

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## 6. Other Notifiable Virus Diseases

(a)	Measles (excluding Rubella)	..	..	..	..	0	60	
(b)	Smallpox	..	..	..	..		0	
(c)	Group Total	..	..	..	..			60

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## 7. Alimentary Infection or Poisons

(a)	Dysentery - Bacterial	..	..	..	..	0		
(b)	Dysentery - Other	..	..	..	..	0		
(c)	Total	..	..	..	..		0	
(d)	Typhoid Fever	..	..	..	..		0	
(e)	Paratyphoid Fever	..	..	..	..		0	
(f)	Food Poisoning	..	..	..	..		3	
(g)	Group Total	..	..	..	..			3

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## 8. Streptococcal Group

(a)	Scarlet Fever	..	..	..	..		2	
(b)	Erysipelas	..	..	..	..		1	
(c)	Group Total	..	..	..	..			3

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## 9. Miscellaneous Group

(a)	Puerperal Pyrexia	..	..	..	..		0	
(b)	Ophthalmia Neonatorum	..	..	..	..		0	
(c)	Other Notifiable Diseases	..	..	..	..		0	
(d)	Group Total	..	..	..	..			0

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10. All "Notifiable Diseases" Total: 66

Comment

This year the normally expected biennial wave of measles should not have occurred, but is only about half last year's wave. Otherwise the statistics for notified communicable diseases are low and very satisfactory. It is especially fortunate that while certain other Rural Districts in Wiltshire suffered from Dysentery, the Mere and Tisbury Rural District Council was, as far as discovered, quite free from this tedious and insanitary disease.

TABLE VI(a)

FOOD POISONING, ETC.

(Salmonella Infections that are not considered to be food borne are not included under items (2), (3) or (4) but are shown separately under item (5).

1. (a) FOOD POISONING NOTIFICATIONS (corrected) AS RETURNED TO REGISTRAR GENERAL.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	3	3

(b) CASES OTHERWISE ASCERTAINED

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

(c) SYMPTOMLESS EXCRETORS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	1	1

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

## 2. PARTICULARS OF OUTBREAKS

Agent	No. of outbreaks		No. of cases		Total Number of Cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified:					
(a) Chemical Poisons (Type to be stated)					
(b) Salmonella Heidelberg	1	NIL	3	1	4
(c) Staphylococci					
(d) Cl. botulinum					
(e) Cl. welchii					
(f) Other bacteria (to be named)					
Totals	1	0	3	1	4
Agent not identified	0	0	0	0	0

## 3. SINGLE CASES

Agent	No. of cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical Poisons (Type to be stated)			
(b) Salmonella (Type S. Typhimurium)	NIL	NIL	NIL
(c) Staphylococci			
(d) Cl. botulinum			
(e) Cl. welchii			
(f) Other bacteria (to be named)			
Totals	0	0	0
Agent not identified	0	0	0

#### 4. SALMONELLA INFECTIONS, NOT FOOD-BORNE

Salmonella type	Outbreaks		No. of Cases (outbreaks)	Single Cases	Total No. of Cases (Outbreaks) and single cases.
	Family	Other			
Totals	0	0	0	0	0

#### 5. PARTICULARS OF OUTBREAKS

There was one small food poisoning outbreak during the year, due to Salmonella Heidelberg Infection; affecting first an elderly couple at Sedgemoor and infecting secondarily their daughter-in-law, who was quite ill, and their son who was for a short time a symptomless carrier, and therefore had to be taken off work in connection with milk production until he was clear.

##### Comment

This table is a return required by the Ministries of Health, and of Agriculture, Fisheries and Food, so is included in this Report in spite of its containing, very happily only four entries. There were only two notified cases of "Food Poisoning" during 1955, none in 1956, 1957, 1958 and 1959, one in 1960, none in 1961 and one in 1962, and none in 1963, 1964 and 1965.



## PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital service of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised auxiliary services such as Speech Therapy and Guidance clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and After-care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "Chronic Sick" and aged people outside hospitals.

### Cancer Prevention

Uterine Cervical Cytology Clinics: This <sup>service</sup>~~source~~ is beginning to be provided in various parts of Wiltshire by the County Council, but by the end of the year the nearest of these clinics was at Salisbury. A clinic was expected at Warminster however, and this started work in February, 1967. Later, before this report was written, arrangements were made for Wiltshire women from the Mere area to attend the Dorset County Council Clinic at Gillingham if this was more convenient to them. This is a valuable service and I hope that as many women aged 25-55 as possible will avail themselves of it.

### Family Planning

A clinic run by the F.P.A., but supported partly by the Wiltshire County Council is now operating twice a week at the Central Health Clinic, Salisbury.

### Handicapped Children

The School Health care, and special educational needs of handicapped children also comes under the Wiltshire School Health Service.

### School Premises

The hygiene of School premises, as of most other buildings, concerns the Local Public Health Authority as well as the Educational Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements for improving hygienic conditions were made during the year, special attention being paid to the dish and utensil washing facilities in the service for school meals.

The Rural District Council is fortunate in having two excellent and modern secondary schools within its area, the Dunworth at Tisbury and the Duchy Manor at Mere.

During the autumn term a detailed sanitary survey of all primary schools in the county was arranged by the Principal County School Medical Officer, Dr. Lycett, the survey being carried out in this area by me, or (for Maiden Bradley, Kilminster and Stourton) by Dr. Fowler of Crockerton. The results of this big survey have not, at the time of writing this report in June, 1967, yet been published.

## Handicapped Adults

The Social care of handicapped adults, including the blind and deaf and of old people, comes under the County Council services. But the Local Authority has obligation in regard to their housing, and has certain powers, under Section 47 of the National Assistance Act for enforcing institutional care if necessary. The Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act, 1951, to the Medical Officer of Health, to act on his own authority in emergency, to obtain a Justice's order, for a period of up to one month's detention, in hospital or a Welfare Home.

The Medical Officer of Health saw a few old people, to a greater or less extent needing care and attention with a view to action under the Act. In this particular Rural District, however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by the person applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. I am glad to say that compulsory powers did not have to be used this year.

In one case, representation to the hospital admission authorities by the Medical Officer of Health, indicating that he would have had to obtain a Magistrate's Order for the patient's admission, but that the patient agreed to go voluntarily, resulted in a place being given by the hospital, when previously the General Medical Practitioner has been unable to obtain one except after a long wait.

## ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

As stated in previous Annual Reports and annually repeated because of its basic importance, human health is still greatly influenced by the environment (including housing) and the extent to which man can adapt to suit his needs.

Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing a water supply containing the necessary mineral impurities for promoting health but free from harmful bacteria etc., safe (and preferably not wasteful) disposal of body wastes, refuse collection and disposal, control of flies, mosquitoes and other insects, rodents and other vermin, quality, quantity, and freedom from adulteration of infection of food supplies including especially such universal and basic foods as bread, milk, meat. Food hygiene concerns not only the home, but also places where food or drink are prepared or consumed, including school and other eating rooms, public restaurants, hotels and public houses. Avoidance of certain adverse habits such as excessive tobacco smoking, or excessive regular alcohol drinking, is also important.

Some of these matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. H. Sharratt, which is incorporated in this Annual Report. Comments on the following matters are, however, made in this section of the Report.



## 1. Housing

This is probably the most important, among man-controllable ones, of the various factors influencing health mentioned above. Bad housing, ( or worse, no housing accommodation), overcrowding, living with "in-laws", adjacent to noisy neighbours, are monotonously found to be at the back of people's worries, domestic or occupational, much of which could be alleviated, with corresponding improvement to mind and body if more people's housing problems could be solved. The full extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these waiting lists are larger. Many people are probably living in unsuitable accommodation who have not applied for Council Housing. At the end of the year there were 242 actual applications for Council Housing on the waiting list, an increase of 28 as compared with the end of 1965.

A copy of the annual return which I am required to make to the County Medical Officer of Health of Wiltshire will be found on the second page of the report of the Chief Public Health Inspector.

The number of dwellings in this Rural District again increased by 34, during the year, and there were at the end of the year 3,859 inhabited houses. With every increase of one or two storeyed housing development there is a corresponding encroachment upon Great Britain's relatively small proportion of agricultural land, but the encroachment does not appear to be very serious yet in the Mere and Tisbury Rural District.

### Improvement Grants

"Discretionary" Grants were continued during the year. The smaller "Standard" Grants were of course continued also. Discretionary Improvement Grants in respect of 16 dwellings were made during the year. A further 24 "Standard" Grants were made, under the House Purchase and Housing Act, 1959. These standard grants are largely concerned with provision of baths, water closets and kitchen facilities, so a substantial increase is to be expected, as more public sewage schemes are developed. The amount of work falling on the staff of the Public Health Inspectors in connection with these Improvement Grants is heavy, but their value is great.

### Food Storage and Refrigerators

Modern eating and purchasing habits have become conditioned to ability to store food really cold. This is especially true in the country, where the housewife may bring a whole week's provisions at only one visit.

Tenants of Council Houses of this Authority are very fortunate in being able to rent a refrigerator from the Council at a very moderate weekly rate. This facility is well used and appreciated. However, for part of the year, no new renting arrangements could be made because the Ministry of Housing and Local Government had put a stop, as an "economy cut" to the Council buying any further refrigerators to let. At the end of the year 206 refrigerators were out on loan from the Council.

The venture begun some years ago by the Mutual Households Association with Grant and Loan from the Council under which the country mansion of Pyt House has been adapted for the housing, in about 30 different apartments, of "Retired" people, is progressing well. There is a good community spirit and under one paid Garden Supervisor most of the care of the exterior grounds is undertaken by the residents themselves.

### Special Housing Needs of Old People

During the year interest grew in the possibility of providing one or more "grouped dwellings" for old people within the district. Following the lead given some eleven years ago by the Sturminster Rural District, other Authorities in Wiltshire are developing these admirable and desirable projects. I feel there is a need for at least two such nuclei in this Rural District, and by the end of the year, plans were well advanced for one unit at Tisbury and another at Mere.

### Slum Clearance

This continues, but the worst cases have been dealt with and only one house was demolished, and two closed, during the year as the result of statutory action.

## 2. Water Supplies

Six years ago, the Council's Comprehensive Water Supply Scheme became incorporated in the Regional Water Supply Undertaking of the West Wilts Water Board, the headquarters of which are at Warminster. I have been impressed by the importance attached by the Board's staff to frequent bacteriological analysis of the water supplies in this Rural District and the great infrequency of anything other than a fully satisfactory bacteriological result. However, chemical analyses have been only occasional and I would welcome more frequent reports on residual chlorine levels at distant peripheral points in the distribution system.

Some further checks by chemical and bacteriological sampling and analysis of the West Wilts Water Board waters, are still carried out by the staff of this Council, as Public Health Authority. Details of these, together with analyses of waters in the remaining private supplies, are set out in the report of the Chief Public Health Inspector.

Out of the inhabited houses, 3122 out of 3059 had, at the end of the year, a piped public supply to the house itself, another 7 having a supply to a "standpipe" nearby only. The complete picture, parish by parish, is set out in the report of the Chief Public Health Inspector. The position is steadily improving, as the Council's old Comprehensive Water Supply Scheme to cover the District, is being developed by the West Wilts Water Board. 9.215 people, nearly four fifths of the population receive their water from public piped supplies, other from private piped supplies.



## Fluoride

In the annual circular received from the Ministry of Health referring to preparation of the Annual Reports of Medical Officers of Health, information is especially requested about fluoride content of drinking water supplies. This information as been, in fact, included in my Annual Report for many years.

Chemical analyses of the water from the Burton Field, Mere source, while otherwise good, has shown that the Fluoride Content of the water is too low -- varying from 0.08 to 0.6 parts per million, averaging 0.1 part per million, which is only one-tenth of the desirable 1 part per million needed for promoting the growth of strong, decay-resisting teeth in the formative phases. The fluoride content of the Maiden Bradley source is much the same as that of the Burton Field source.

Details of other chemical analyses of various waters are given in the tables set out in the report of the Chief Public Health Inspector.

Fortification of the sources with extra fluoride salts to bring it up to the desirable quality, for dental purposes, could be a simple matter, at a cost of about 1s. 4d. per head per annum, and the Ministry of Health is actively encouraging Water Authorities to supplement natural fluoride content of drinking waters, when insufficient. Two years ago this Council did approve the principal of fluoridation. Unfortunately the Water Board must wait for Authority to start fluoridating the supplies from the Local Health Authority (or Authorities) concerned with its distribution area. So far neither the Wiltshire, the Dorset nor the Somerset County Councils, as "L.H.A."s have given this approval, lagging behind the Midlands and Northern Local Health Authorities in this country. Thus a wise "Local Sanitary Authority" or Water Undertaking may be prevented from carrying out its wishes by the hesitations of a County Council as "Local Health Authority". The cost of fluoridation is only a fraction of that annually needed for dental treatment and within a few years the cost of all capital expenditure would have been recovered.

I believe that there is no public health measure which would do more to improve dental, and therefore general, health so quickly and so cheaply, as enriching fluoride-weak drinking waters. The benefits which will affect babies and young children will persist through life, and there is now also some evidence that old people who have been used to drinking water with a good fluoride content will not suffer so much from bones weakened by osteoporosis and liable to fracture.

### 3. Drainage and Sewerage

Among the five public sewerage systems maintained by the Council, those at Hindon, Tisbury and Zeals were working well, and the rebuilding of the Mere works was nearly completed by the end of the year. The Council have prepared a priority list for providing sewage disposal works and sewers for these parishes in the Rural District. The top priorities are East Knoyle, Chilmark with Teffont, and Berwick St. John, and a scheme has been prepared for East Knoyle, by the Council's Consulting Engineers, Ward Whitfield & Son of Trowbridge.

## Drainage into Streams

The complaints of occasional pollution by house drainage (mainly sullage water) of small streams, have again been less evident this year. The streams in the villages of Chilmark, Teffont and Berwick St. John are those mainly concerned with this occasionally recurrent nuisance.

## Septic Tank Cleansing and Cesspit Emptying

Since 1965 the Council provide a regular evacuating service for places within the Rural District not served by a sewer. The scheme has proved most beneficial. Details will be found in the report of the Chief Public Health Inspector. The evacuating vehicle is regularly hired for use by the neighbouring Warminster & Westbury Rural District Council.

## 4. Refuse Collection and Disposal

Arrangements for collection and disposal places are described in the Chief Public Health Inspector's section of the report.

A substantial income from salvage refuse is obtained. Details of income from this source are also given in the report of the Chief Public Health Inspector.

## 5. Roadside Filth

In my report for 1964, I stated that I hoped that some action would soon be taken by the County Council about fouling of the countryside close to main roads. Particularly serious is the pollution near the lay-bys in the A.303 road east of Chicklade on Wylve Down. Flies can carry infection from the deposits of faeces onto blackberries. During 1964, following conferences between the County Council and representatives of all Wiltshire Local Authorities, a working party was set up to enquire into the best ways and means of providing roadside sanitary facilities. Your Chief Public Health Inspector, Mr. Sharratt, is a member of this working party. Little progress was made during 1965 but during 1966 a scheme for the establishment of a large Public convenience at the Furze Hedge Cross Roads on the A.303 west of Chicklade has been under consideration. However, before this report was written, a change of policy resulted in planning permission for this installation being refused, and instead the County Council, as Highways Authority, notified that they would provide a mobile van type Male and Female convenience, for use on A.303 lay-bys, the cost of maintenance being shared by the Rural District Council and County Council.

## 6. Food Hygiene

### Watercress

During the year increased efforts were made to lessen the likelihood of contamination of this excellent food in the growing beds with further protection by providing hypochlorinating washes for the cress before dispatch to market. However, out of analyses made on water in which cress grows, only 5 out of 11 were entirely satisfactory, during the year. Analyses of the actual cress after washing in hypochlorite water showed 10 out of 11 samples satisfactory.



## Milk

The work of inspecting retail premises and sampling and analysing the milk is still done by the Rural District Council for the Wiltshire County Council on an agency basis, charging the Wiltshire County Council 12s. 6d. a sample. Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analyses by four methods was continued until October.

The methods are:-

- (1) "Methylene Blue Test", for general cleanness and keeping quality, for which there were no "failures" among samples analysed.
- (2) "Phosphate Test", for adequacy of heat treatment of "pasteurised" milk, for which there were no failures among samples analysed.
- (3) "Turbidity Test" - for "Sterilised" milk.
- (4) "Biological Test", which consists of inoculation of a guinea pig, and its subsequent examination after a five or six weeks interval for signs of either tuberculosis or brucellosis. Out of a total of 8 samples taken for biological tests, all were negative for tuberculosis, but one was positive for brucellosis.

All the analyses on these milks were carried out at the Public Health Laboratory attached to the Salisbury General Hospital Pathological Department.

## Ice Cream etc.

Comments concerning this and other foods, and maintenance of the "clean food campaign", will be found in the report of the Chief Public Health Inspector.

## 7. Clean Air

The Clean Air Act contains valuable provisions to enable local (Air) Authorities to improve the quality of the air within their districts. Fortunately the Mere and Tisbury Rural District has virtually no problem concerning its air, but the provisions of the Act, and any byelaws made by the Council under the Act, will enable the Council to prevent future pollution. Periodical observations of the type and amount of smoke from the few factory chimneys are made, and no action has been necessary.

The complaints of odours from the dog food factory at Tisbury which used to be frequent and bitter, have been reduced, with good co-operation from the factory owner who has installed entirely new cooking equipment with deodorisation of the tripy gases (which compose the worst of the odours) in a chlorinating spray cylinder. The nasty smelling ingredients such as tripe are stored in an enormous refrigerated chamber where they freeze rock hard and are rendered virtually odourless, until ready for processing into

the dog food. However, I have recently personally smelled a tripy odour when travelling along the Avenue, and the inhabitants of the dwelling at the Eastern end of that road may still have occasional cause for complaint.

#### 8. Meat Inspection

The work done during the year is set out in the report of the Chief Public Health Inspector.

#### 9. Caravans - Caravan Sites and Control of Development Act, 1960

A note on this Act is included in the report of the Chief Public Health Inspector.

#### 10. Swimming Facilities

Although there are lakes within the District, the rivers are too small or unsafe to provide very satisfactory swimming, especially for learning to swim. A covered public swimming pool is available outside the District, at Frome, and an open one at Gillingham School. There are others at Salisbury and Shaftesbury. There are small pools at Dunworth Secondary Modern School, Tisbury, Duchy Manor Secondary Modern School, Mere and the Primary Schools at East Knoyle and Ludwell and two private Schools for girls, St. Mary's Convent, Donhead St. Mary and Cranborne Chase School, Wardour. There are no other good places for teaching swimming within the Rural District. At each of the swimming pools the water is checked daily for chlorine content by school staff and the effectiveness of the "break point" chlorination is also checked about once a week by one of the Public Health Inspectors.

#### Artificial Respiration and Resuscitation of the Drowned

The mouth to nose method is now taught to school children by selected teachers, who themselves received instruction from the County Council medical staff, including myself.

#### 11. Road Safety

No road safety committee is sponsored by this Rural District Council up to the end of the year, but one was established soon afterwards. A certain amount of instruction in road safety, particularly in bicycling proficiency, is, given to school children by police officers.

#### 12. Recreational Facilities

Apart from the swimming facilities mentioned in paragraph 10 above, the countryside of the Rural District provides wonderful facilities for recreation. So does the superb National Trust asset of Stourhead Park. For games, apart from school premises, Mere and Tisbury have both quite good recreation grounds, on the borders of the villages.



### 13. Summer Camp

Each year "Camp Mohawk" reopens for the later summer and autumn months in Fonthill Abbey Park, receiving batches of hundreds of U.S.A. forces adolescents, who stay from 1 to 2 weeks for the typical American "summer camp" holiday. This is a well organised and admirable venture, with splendid sanitary and food hygiene facilities.

### 14. Public Conveniences

The Rural District possesses one of the most attractive and hygienic of any public conveniences. This is at Mere, in the public car park. It is built of beautiful reconstructed Portland stone with male and female ends. Each end has an automatic press button hand washing machine supplying hot water, liquid soap, and drying of hands by hot air blower.

The public conveniences in Tisbury, particularly the male ones, are in a sorry contrast to those in Mere, but the Public Health Committee are aware of the need for improvement in Tisbury, and provision of new ones was, by the end of the year still under consideration.

Reference has already been made to Roadside Public Conveniences.

### 15. Farm Effluent

There has been no further complaint during the year about the considerable nuisance which occurred on several occasions during 1965 due to the spraying into the air of effluent from the manure tanks of intensive "Factory Farms". This spray forms aerosols which can be wafted great distances, on the breeze, and the aerosols have dreadful odours. They may, quite probably, be a danger to health also, if they are inhaled or settle on food or baby's prams. This is a national problem which is being studied by the Public Health Committee of the Rural District Council's Association and the Ministry of Agriculture, Fisheries and Food.

### 16. Meals on Wheels Service

Since 1963 the Council have been contributing financially towards a Meals on Wheels Service, run in this area by the Women's Voluntary Services, to which the Wiltshire County Council also contribute materially. The service is at present confined to the Mere District, Tisbury, Zeals and Kilminster, and 20-22 people are served twice a week. There is a need for expansion of the service to other parts of the Rural District, such as Donhead.

### 17. Animal Boarding Establishments Act, 1963

In this Rural District inspections are carried out by the Public Health Inspectors, not by veterinary surgeons. Only one establishment is licenced.

### 18. Offices, Shops and Railway Premises Act

Details are reported in the Chief Public Health Inspector's section.

19.

## TABLE VII - FACTORIES ACTS, 1937 TO 1959

Particulars prescribed by the Ministry of Labour of the Acts in so far as the Local Authority is concerned.

## PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number in Register (2)	Number of Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	3	3	NIL	NIL
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	33	29	3	NIL
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	14	14	NIL	NIL
TOTAL:	50	46	3	NIL

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	Nil	Nil	Nil	Nil	Nil
Overcrowding (S.2)	Nil	Nil	Nil	Nil	Nil
Unreasonable temperature (S.3)	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation (S.4)	Nil	Nil	Nil	Nil	Nil
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7)					
(a) Insufficient	2	Nil	Nil	1	Nil
(b) Unsuitable or defective	1	1	Nil	Nil	Nil
(c) Not separate for sexes	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not including offences relating to Outwork).	Nil	Nil	Nil	Nil	Nil
	3	1	Nil	1	Nil



# PART VIII OF THE ACT

## Outwork

(Sections 110 and 111)

Nature of work	No. of outworkers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prose- cutions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel	Making etc., Cleaning and Washing.	15	Nil	Nil	Nil	Nil
Household Linen	Nil	Nil	Nil	Nil	Nil	Nil

No outworkers were known to be practising any of the following types of work:-

Lace, Lace curtains and nets, Curtains and furniture hangings, Furniture and upholstery, Electro plating, File making, Brass and brass articles, Fur pulling, Iron and steel cables and chains, Iron and steel anchors and grapnels, Cart gear, Locks, latches and keys, Umbrellas, etc. Artificial flowers, Nets, other than wire nets, Tents, Sacks, Racquet and tennis balls, paper bags, the making of boxes or other receptacles or parts thereof made wholly or partially of paper, Brush making, pea picking, feather sorting, carding, etc. of buttons, etc., stuffed toys, basket making, chocolates and sweetmeats, cosaques, Christmas stockings, etc., Textile weaving, Lampshades.

Note:- This table is included in the report on the instructions of the Ministry of Health, for the benefit of the Ministry of Labour. Prior to 1961 it was sent as a separate report to the Ministry of Labour.

F. J. G. LISHMAN

Medical Officer of Health



# ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Showing Sanitary Circumstances of the Area for  
the Year Ended 31st December, 1966.

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1966.

H. SHARRATT

Chief Public Health Inspector

## GENERAL INFORMATION

The Mere and Tisbury Rural District consists of twenty-six parishes in South West Wiltshire with borders to Somerset and Dorset. The two larger parishes of Mere and Tisbury are semi-urban in character providing facilities for the day to day needs of the surrounding parishes.

Industry is predominantly agricultural but in addition to the long established Brush Factory in Mere there is a Dog Food Factory and Agricultural Implement manufacturing in Tisbury. The proposed Poultry Processing Factory for Mere has been abandoned and the site taken over by a manufacturer of Steel Chimneys and the Mills at Tisbury will now become a factory for the manufacture of Furniture and Fittings.

Two large private schools for Girls are situated within the area. Cranborne Chase School at Wardour in the converted Castle and St. Mary's Convent at Charlton, Donhead St. Mary.

## SANITARY INSPECTIONS OF THE AREA

### Public Health Act, 1936 and General Sanitation

Number of Inspections	re: Water Supply	..	..	..	..	..	36
"	"	"	re: Watercress	..	..	..	22
"	"	"	re: Swimming Pools	..	..	..	8
"	"	"	re: Milk Samples	..	..	..	179
"	"	"	re: Food Inspection	..	..	..	12
"	"	"	re: Infectious Diseases/Suspected Dysentery				
			and to obtain samples	..	..	..	39
"	"	"	to take sewage samples	..	..	..	17
"	"	"	re: Drainage and/or Sanitary Accommodation.				298
"	"	"	re: Farm Drainage	..	..	..	19
"	"	"	re: Pollution of Water Courses/Rivers				
			Prevention of Pollution Act, 1961	..			11
"	"	"	re: Miscellaneous Complaints	..	..	..	55
"	"	"	re: Infestations	..	..	..	68
"	"	"	re: Filthy and Verminous Premises	..	..		7
"	"	"	re: Aged and infirm persons	..	..	..	12
"	"	"	re: Gypsies	..	..	..	59
"	"	"	re: Moveable Dwellings	..	..	..	9
"	"	"	re: Noise	..	..	..	4
"	"	"	re: Litter	..	..	..	35
"	"	"	re: Outworkers	..	..	..	24
"	"	"	re: Dangerous Structures	..	..	..	16

## HOUSING

The Council has erected Bungalows and Flats for older people and is continuing with this policy in 1967.

Council dwellings completed in 1966:-

	<u>Houses</u>	<u>Flats</u>	<u>Bungalows</u>
	Nil	Nil	Nil
<u>Council Houses:</u> Changes of Tenancy during 1966	..	..	30

REFRIGERATORS: Tenants of Council Houses may rent refrigerators and 206 tenants are taking advantage of this scheme.

# HOUSING STATISTICS FOR 1966

1.	Number of permanent dwellings in district at end of year	4,079
2.	Number of permanent dwellings in district owned by local authority	761
3.	Number of temporary dwellings in district owned by local authority	NIL
4.	Number of applications for Council Houses at end of year	242
5.	Inspections of dwellings during year:	
	(i) Inspected for housing defects under Public Health or Housing Acts	223
	(ii) Number of dwellings found to be unfit	67
6.	Number of dwellings rendered fit in consequence of informal action	49
7.	Action under Statutory Powers	
	A. Proceedings under Sections 9, 10, 12 Housing Act, 1957	
	(i) Number of dwellings where notices were served requiring defects to be remedied	NIL
	(ii) Number of dwellings rendered fit after service of formal notices	NIL
	(a) By owners	NIL
	(b) By local authority in default of owners	NIL
	B. Proceedings under Public Health Acts	
	(i) Number of dwellings where formal notices were served	NIL
	(ii) Number of dwellings made fit as result of formal notices	NIL
	(a) By owners	NIL
	(b) By local authority in default of owners	NIL
	C. Proceedings under Section 16, Housing Act, 1957	
	(i) Number of Demolition Orders made	NIL
	(ii) Number of houses demolished as result of Demolition Orders	1
	(iii) Number of undertakings accepted	1
	(iv) Number of undertakings completed	1
	D. Proceedings under Sections 42, 43, 46, 48 Housing Act, 1957	
	(i) Number of houses in clearance areas upon which Demolition Orders were made	NIL
	(ii) Number of houses demolished as result of Demolition Orders	NIL
	(iii) Number of houses in clearance areas which have been retained as temporary accommodation	NIL
	E. Proceedings under Sections 17, 18, 27 Housing Act, 1957	
	(i) Number of dwellings where closing orders were made	1
	(ii) Number of dwellings closed as result of closing orders or undertakings by owners	2
	F. Proceedings under Section 76, Housing Act, 1957	
	(i) Number of cases of overcrowding at end of year	3
	(ii) Number of cases of overcrowding discovered during year	3
	(iii) Number of cases of overcrowding abated during year	NIL



Houses erected or converted during year:-

1. 1. 66 to 31.12.66	Houses erected during year For slum clearance	For other purposes	Gained from con- version of large houses into flats or dwellings	Lost from con- version of two or more houses into one
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Local Authority	NIL	NIL	NIL	NIL
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Private Enterprise	NIL	34	3	8
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STANDARD GRANTS AND DISCRETIONARY GRANTS

DISCRETIONARY GRANTS

	(1) Received	(2) Approved	(3) Rejected	(4) Under Consideration	(5) Withdrawn
1. 1. 66 to 31.12.66	20	16	NIL	4	NIL

Number of houses improved during 1966 as a result of Grants: 14  
Value of Grants made during 1966: £5,048

STANDARD GRANTS

		Grants Completed 1966					
Applications Received	Applications Approved	Bath	Wash- Basin	Hot Water Supply	Water Closet	Larder	Value of Grant
24	24	17	16	17	17	14	£3,154

Grants cancelled: NIL

RENT ACT, 1957

Applications for Certificate of Disrepair	NIL
Certificates issued	NIL
Undertakings to effect repairs accepted	NIL
Applications for cancellation of Certificate	NIL
Certificates cancelled	NIL
Inspections	NIL

## CARAVANS

There has been no demand for a site to be provided and operated by the Council. As previously reported, with increasing traffic along the A.303, particularly with the larger numbers of holiday travellers using this route to the West, some provision of a Service Area will be necessary.

### Sites Licensed

1. More than one Caravan on site.

A.30, Donhead St. Mary - 6 Caravans (Residential) and holiday.

2. Caravan Club Licence

Willoughby Hedge Filling Station - Not exceeding 5 Caravans.

3. Single Caravan on Site - 18

GYPSIES: There is one encampment within the District at The Dene, Hindon. The area is one of approximately 10 acres and is divided into seven sites owned by the occupants. The number of families accommodated has now been reduced to seven. Two families have been re-housed in Council Houses.

The usual attempts have been made by other families to settle here during the year but these have been resisted.

The children attend Hindon School.

From time to time itinerants have endeavoured to settle on Semley Common. During this year six families in assorted caravans, tents and shacks settled at Wincombe. Three families have now moved away but undoubtedly the loss of traditional sites is causing them to move into this area.

Circular 26/66 issued by the Ministry of Housing and Local Government summarized the result of a census of gypsies and other travellers in England and Wales and indicated the Minister's determination that the situation, in which numbers of men, women and children have no homes and few of the amenities of life, should not be allowed to continue.

The Minister stated that Local Authorities, including County Councils, are in a position to act having the necessary powers as well as responsibility for planning, health, welfare and housing problems which arise. Advice on sites, location in relation to settled communities, services and facilities was given and recommendations as to rent and site supervision.

The Minister of Health and Secretary of State for Education and Science supported the Minister and joined in his request that County Councils, as co-ordinating Authorities, should report in six months time on action taken in response to the Circular.

It was underlined that in the meantime nothing should be done to add needlessly to the difficulties of gypsy families.

CAMPING Camp Mohawk at Fonthill Abbey Woods was again open during the SITE: summer months. This is a well organised site with ample water supply, sanitary accommodation and showers.

#### NUISANCES

##### Public Health Acts

Complaints investigated	..	..	..	..	..	..	38
Informal notices served	..	..	..	..	..	..	13
Informal notices complied with	..	..	..	..	..	..	13

#### RODENT CONTROL

Complaints of Rodent infestation are investigated and necessary treatments carried out. Business premises are charged for this work but usually private contractors provide a service for agricultural premises. Refuse Tips are regularly treated.

Sewers at Mere, Zeals, Tisbury and Hindon were baited. No evidence of infestation was found.

	Non- Agricultural	Agricultural
No. of properties inspected following notification	77	2
No. infested by rats	61	2
mice	9	Nil
No. of properties surveyed	223	33
No. infested by rats	Nil	2

Sewers infested by rats: Nil

#### WATER SUPPLY

The West Wilts Water Board supply water throughout the Council's district.

The source of water is at Burton Fields, Mere and is pumped to a Reservoir on Mere Down. This is linked to Reservoirs at Hatch, Hindon, East Knoyle, Sutton Mandeville, Donhead St. Andrew and Teffont. An additional source at Dunkerton Springs, Maiden Bradley is being developed.



Number of houses supplied from Public Sources in villages:

	DIRECT		BY STANDPIPE	
	No. of Houses	Population (approx)	No. of Houses	Population (approx)
Alvediston	9	29		
Ansty	44	126		
Berwick St. John	95	285		
Chilmark	109	305		
Donhead St. Andrew	117	401		
Donhead St. Mary	295	900		
East Knoyle	182	615		
Fonthill Gifford	6	20		
Fonthill Bishop	8	24		
Hindon	213	500	6	19
Kilminster	56	210		
Maiden Bradley	129	294		
Mere	725	2,040		
Sedgehill	25	123		
Semley	100	286		
Stourton	14	49		
Sutton Mandeville	29	82		
Swallowcliffe	46	148		
Teffont	84	241		
Tisbury	525	1,622		
Tollard Royal	31	80		
West Knoyle	26	89		
West Tisbury	87	310		
Zeals	167	436		
	<u>3,122</u>	<u>9,215</u>		

The following data dealing with Bacteriological Analysis is submitted in accordance with Circular 13/47 Ministry of Health.

ANALYSIS OF WATER SUPPLIES (Bacteriological)

(a) Public Supplies

Frequent water samples are taken by the West Wilts Water Board in all parts of the area. Copies of the analyses are sent to the Medical Officer of Health and 77 samples were taken in 1966 from mains, reservoirs and sources.

The following samples were taken by this department:-

Number of samples taken during the year .. .. .	1
Number found to be satisfactory .. .. .	1
Number found to be unsatisfactory .. .. .	NIL

(b) Private Sources

Number of samples taken during the year .. .. .	21
Number found to be satisfactory .. .. .	12
Number found to be unsatisfactory .. .. .	9

The unsatisfactory samples were from small private sources and resulted in remedial works being carried out.

ANALYSIS OF WATER SUPPLIES (Chemical)

Chemical Analysis of a sample taken from the Burton Field source at Mere.

Physical Characteristics - Clear and bright

Turbidity	Nil
Colour	Nil
Odour	Nil
Reaction pH.	7.4

Parts per million

Free Carbon Dioxide	17
Electric Conductivity	420
Total Solids	320
Chlorine present as Chloride	9
Alkalinity as Calcium Carb	220
Hardness: Carbonate 220	
Non-Carbonate <u>30</u>	250
Nitrate Nitrogen	3.5
Nitrite Nitrogen less than	0.01
Ammoniacal Nitrogen	0.00
Oxygen Absorbed	0.00
Albuminoid Nitrogen	0.00
Residual Chlorine	0.00
Metals: Iron, Zinc and Lead	Absent
Copper	0.06
Fluorine less than	0.1

The water is just on the alkaline side of neutrality, hard in character but not to an excessive degree and it contains no excess of mineral constituents. It is free from metals apart from a negligible trace of copper doubtless deriving from copper or brass fittings. Organic quality is very satisfactory. From the aspect of the chemical and mineral analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

Chemical Analysis of a sample taken from the Dunkerton Springs source at Maiden Bradley.

Appearance - Clear, colourless, bright.

Reaction - pH 7.3

	Parts per Million
Free Carbon Dioxide CO <sub>2</sub>	24
Ammonia (as N): Free	less than 0.005
Albuminoid	0.03
Chlorine (As Chloride)	14
Equivalent to Sodium Chloride	23
Oxygen absorbed (4 hours)	0.26
Nitrogen in Nitrite	0.01
Nitrogen in Nitrate	3.0
Total Solids	275
Loss on ignition	10
Appearance on ignition	No visible charring: faint smell.
Hardness: Temporary	182
Permanent	28
	210
Lead	less than 0.05
Copper	less than 0.05

#### MINERAL ANALYSIS

Calcium	Ca	82
Magnesium	Mg	2.6
Sodium	Na	7.7
Potassium	K	1.6
Carbonate	CO <sub>3</sub>	109
Sulphate	SO <sub>4</sub>	17
Iron	Fe	less than 0.02

#### Watercress Beds

Routine inspections were made and water samples taken from the Watercress Beds at Mere, Zeals, Donhead St. Andrew and Donhead St. Mary.

Number of Water samples taken from Beds and Sources .. ..	11
Number found not to be entirely satisfactory .. ..	5

#### Watercress Samples

After washing in Chlorinated Water: Satisfactory: 11 Unsatisfactory: 1 Total: 12

All watercress is washed in chlorinated water after cutting and Hydro Cooling is carried out at two beds.



## SWIMMING POOLS

There are now five swimming pools in the district.

Pyt House Club	- Open to Members.
Tisbury Secondary Modern School	- Constructed by Public subscription and also open to the public.
Mere Secondary Modern School	- School children only.
St. Mary's Convent	- Private school.
Cranborne Chase School	- Private school.

Regular checking of Chlorine content is carried out and 5 bacteriological samples taken proved satisfactory.

## SEWAGE AND SEWAGE DISPOSAL

Five parishes have a main sewerage system; in the remainder of the District disposal is by Septic Tank, Cesspool or Pail Closet. The conversion to waterborne sanitation continues slowly and during 1966 of 71 plans submitted for improvements to dwellings 40 were in respect of properties with no sewer available.

A Cesspool emptying service for domestic properties was commenced on the 1st January, 1965, and the following statistics are of interest:-

Number of owners registering during year	143
" " " previously registered	910
" " tanks emptied during year	811
" " properties served by these tanks	1,035
" " loads removed	1,045
" " Council Estates with disposal works to be serviced	33
" " " Estate sewage tanks emptied	80

Approximate gallonage of sewage removed	1,319,000
---	-----------

The service is operated with a 1,000 gallon Eagle Cesspit Emptyer and two men. Disposal of the sewage is to farm land and to Sewage Disposal Works at Mere and Zeals. Tanks are emptied once per year free and subsequent servicing within that year is charged at 30s. Od. per time.

The Council agreed to the loan of the vehicle and operators to the Warminster and Westbury Rural District Council during the construction of a sewage scheme and it was possible to arrange this aid for 16 days in the year.

## Tisbury

The works, completed in 1959, continue to operate in a satisfactory manner. Sewage gravitates to the works from the greater part of the village and from the Tuckingmill area is raised by Ejector to the Main Sewer. The sewage is raised within the works to sedimentation tanks and gravitates through percolating filters and humus tanks with the final effluent discharging to the River Nadder.

Trade Effluent is accepted from the Factory manufacturing Dog Food. Regular sampling of this effluent and the final effluent at the works is carried out. An attendant is employed here with assistance from mobile staff.

New connections to Sewers . . . . . 1

## Mere

The laying of new sewers continued during the year and the extension to Burton commenced. Approval was received for the small extension in Boar Street. By the end of the year virtually all of the reconnections of existing drains had been made to the new sewers with a considerable reduction in flow through the works.

Sewage from the area north of Edgebridge gravitates to the works and that from Holwell, Southbrook, Burton and the Causeway is lifted via a pumping station at Edgebridge into the trunk sewer. A further pumping station is sited at the southern end of the Causeway.

New Industry in Mere replacing the proposed Poultry Processing Plant has no trade effluent problem. Connections here are solely for Canteen and Staff sanitary accommodation.

A sewage works Manager and an attendant are employed at these works.

New connections to Sewers . . . . . 44

## Hindon

These works, completed in 1964, continue to function in a satisfactory manner. Sewage gravitates to the pumping station and is lifted to high level to gravitate through the works with final disposal of effluent by land irrigation.

An attendant works here two days per week with regular visits from mobile staff.

New connections to Sewers . . . . . 6

## Zeals

The system is an adaptation of the scheme installed for the use of Zeals Aerodrome and taken over by the Council at the end of the war. The Sewage Disposal Works are situated in the neighbouring Rural District. The works continue to function in a satisfactory manner.

New connections to Sewers . . . . . 2

## Maiden Bradley

The work is proceeding on the scheme for this parish. On completion part of the existing sewers will have been relaid to accept sewage from The Rank and the extension to the sewer area. A pumping station will lift sewage from the Frome Road back to High Street and a new Sewage Disposal Works is being constructed.

New connections to Sewers . . . . . 4

## COMPREHENSIVE SEWERAGE SCHEME

An outline scheme for the complete sewerage of the District at an estimated cost of £600,000 was prepared in 1963.

Surveying has been completed for the first Parish, East Knoyle and it is hoped the scheme will be submitted to the Ministry in the near future. This scheme will benefit approximately 250 houses at an estimated cost of £80,000. This will be followed by a joint scheme for Chilmark and Teffont with about 200 houses to be sewerage at an approximate cost of £60,000 and by about 1970 it is anticipated that a joint scheme will be coming along for Donhead St. Mary and Donhead St. Andrew to benefit 425 houses at an approximate cost of £110,000 and a joint scheme for Kilminster and Stourton with an approximate cost of £94,000 for about 200 dwellings with disposal of final effluent to the existing works at Zeals.

## PUBLIC CLEANSING

### Household and Trade Refuse Collection

The Council operates a fortnightly collection of refuse throughout the district. The collection is kerbside. Efforts are made to assist the aged or handicapped as much as possible. Two vehicles are operated with one driver and one loader to each vehicle.

Vehicles employed:	20 cu. yard PAKAMATIC	(Diesel)
	18 cu. yard DUAL TIP	(Diesel)



## Provision of Dustbins

Dustbins are provided only for the Council Houses.

The Council have not taken action under Section 75 of the Public Health Act to provide dustbins, either as a rate borne service or at a charge.

## Disposal

The disposal of refuse is to dumps at Ansty, Maiden Bradley, East Knoyle and Donhead St. Andrew.

Miles run during the year . . . . . 24,968

## LITTER ACT, 1958

Litter bins are installed in various points throughout the District and the Wiltshire County Council Highways Department co-operate with the provision of litter bins on laybys. The litter bins are cleared before each weekend by the Refuse Collectors and the County Council have agreed to contribute, at the rate of 3s. Od. per bin clearance on trunk roads and 1s. 6d. on other laybys.

Every assistance is given to enable ratepayers to dispose of items of refuse which cannot be collected on the normal refuse collection. The problem of large items such as abandoned cars still remains but with the co-operation of the Police and a local scrap dealer it has been possible to secure removal in most cases.

## SALVAGE

Householders are requested to put out Newspaper, Cardboard and Magazines separately parcelled for ease of handling and from time to time during the year small advertisements are inserted in the local paper.

Without losing sight of the primary object, i.e. the collection and disposal of refuse, the following table shows a steady income from this source.

The four men each receive 10% of the income as bonus.

	Tons.	Cwts.	Qrs.	£	s.	d.
Unbaled Pams	13	10	2	42	6	5
Newsprint	27	16	-	216	15	4
Rags, Gunny, String		12	2	6	5	8
Scrap Metal		6	1	3	11	2
	41	15	1	£268	18	7

The Salvage Yard at Longcross, Zeals consist of garage accommodation, baling and storage buildings and sanitary accommodation for the employees.

### PUBLIC CONVENIENCES

Public Conveniences are provided in the Car Park at Mere and at High Street, Tisbury.

At Mere, the Council has provided the best possible facilities for the travelling public; the conveniences are tiled throughout and washing facilities with soap, hot water and hand dryers provided for both sexes. Despite the very heavy use occasioned by the increased traffic along the A.303 there has been little vandalism.

Careful consideration was given to the siting of Public Conveniences on the A.303 and it was recommended to the Wiltshire County Council that a pilot scheme should be initiated consisting of two pairs of conveniences and that one pair should be sited at Furze Hedge Cross Roads in this district.

It seems, however, that with the question of finance still unsolved and objections on Planning Grounds that some time will elapse before these very necessary facilities are available.

### INSPECTION AND SUPERVISION OF FOOD

#### Food Hygiene Regulations, 1960

Number of inspections made: 127

		<u>Regulation 16</u>	<u>Regulation 19</u>
Public Houses, Hotels	37	37	37
Grocery Stores	56	54	49
Fishmongers	3	3	3
Butchers Shops	6	6	6
Cafes	13	13	13
Hospitals and Institutions	2	2	2
Parish Halls, Clubs, Sweet Shops, etc.	24	16	11
Schools	20	20	20

Number of Food Premises registered under Section 16, Food & Drugs Act, 1955.

1. Preparation or Manufacture of Sausages .. .. .	7
2. Sale or Preparation of Cooked Meats .. .. .	15

There were no prosecutions during the year.

## MOBILE CANTEENS

During the summer weekends mobile canteens appear on laybys and verges. Routine inspections are carried out but the short stay on site makes adequate control difficult.

## CLEAN FOOD CAMPAIGN

The promotion of Clean Handling of Food is by the slow process of individual education.

### Headings

### Activities

1. Lectures or Classes for Food	None. Advice to individuals and leaflets.
2. Exhibitions	Display - as part of a Public Relations Exhibition at a large Agricultural Show.
3. Lectures etc. for General Public including Women's organisations	Two lectures during year.
4. Formation of Clean Food Guild	None.
5. Formation of Local Codes of Practice	None.
6. Any other relevant activities	The exhibition of posters by the Public Health Department.

## MILK

The Wiltshire County Council delegated licensing and sampling powers under the Milk (Special Designations) Regulations, 1960.

Under the Delegation Agreement the Rural District Council receive 12s. 6d. per sample taken.

## LICENCES

Dealers (Pre-packed Milk) Licence - Pasteurised	12
Dealers (Pre-packed Milk) Licence - Sterilised	3

Other dealers delivering milk in the District are licensed by the Authority in whose district their premises are situated.

All licences were renewed for a further period of 5 years under the Milk (Special Designation) Regulations, 1963.



A requirement of the delegation was the regular sampling of milk. The recommended range and frequency of milk sampling required, being:-

Table 1.

Grade of Milk	Sampling Sources	Examination required	Sampling frequency	Annual number of Samples
Untreated Milk	Producer Retailers and Distributors	Methylene Blue Biological	Monthly Quarterly	24 8
Pasteurised Milk	Distributors obtaining milk from Wilts Pasteurising Plants	Phosphatase and Methylene Blue	Quarterly	12
	Distributors obtaining milk from outside Pasteurising Plants	Phosphatase and Methylene Blue	Monthly	96
Sterilised Milk	Distributors	Turbidity Test	Monthly	24

TOTAL SAMPLES: 164

Samples taken during 1966:-

157 routine inspections of milk shops, dairies and delivery vans were made.

Table 2.

No. of raw milk samples for statutory test		No. of raw milk samples for biological test				No. of heat treated samples for statutory test		No. of bottle rinses (Sets) for bacteriological test	
Pass	Fail	T.B.		B.A.		Pass	Fail	Pass	Fail
		Pos.	Neg.	Pos.	Neg.				
17	1	-	7	-	18	141	1	-	-

One complaint of a milk bottle containing stones was received during the year, prosecution was not instituted in this instance.

## Milk Supplies - Brucella Abortus

Number of samples of raw milk examined: 89  
Number of positive samples found: 14

Following notification of a suspected case of Brucellosis an entire herd of 88 cows at Mere was individually sampled. 14 of the animals were shown to be excreting and subsequently the Medical Officer of Health imposed an order under the Milk and Dairies (General) Regulations 1959 Section 20 (1c) requiring the owner not to sell any milk or cream without heat treatment by pasteurisation or other suitable means.

## ICE CREAM

Ice Cream is not manufactured in the District and that sold within the District is pre-packed.

No cases of illness from the consumption of this food was reported.

Premises registered for the sale of Ice Cream .. .. 55

## FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption.

11 lbs Cooked Pork Shoulder.  
60 lbs Sheep Liver.

Sampling under the Food and Drugs Act is carried out by the Wiltshire County Council.

## Carcases Inspected in 1966

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	Nil	Nil	Nil	Nil	Nil
Number inspected	Nil	Nil	Nil	Nil	Nil
Number and Parts condemned	Nil	Nil	Nil	Nil	Nil

## Liquid Egg (Pasteurisation) Regulations, 1963

Number of Pasteurising Plants in the district Nil  
Number of samples of liquid egg taken Nil

## SLAUGHTERHOUSES

The two private Slaughterhouses within the District did not comply with the Construction Regulations and with the Appointed Day for these Regulations to apply being confirmed as the 1st January, 1961, for the Mere and Tisbury Rural District Council, both ceased to operate.

### SLAUGHTER OF ANIMALS ACT, 1958

Number of renewals of Licences issued to Slaughtermen: 4

Number of new Licences issued to Slaughtermen: Nil

### DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The Wiltshire County Council have delegated their functions under this Order to District Councils and the Public Health Inspector is authorised to act as Inspector of the Local Authority under the 1960 Act for the purpose of executing and enforcing the provisions of the Order.

No. of premises licensed	Premises where swill is boiled for resale	Types of Boiling Plant		Breaches of Order detected
		Elect/ Gas.	Coal/ Wood.	
3	Nil	1	2	Nil

### CLEAN AIR ACT, 1956

No action was necessary during 1966 to abate air pollution.

### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1961

There are no premises requiring Licensing or Registering under the above Act.

### ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

The Public Health Inspectors are authorised officers for the purpose of this Act.

Number of Establishments Licensed . . . . . 1

### PET ANIMALS ACT, 1951

The Public Health Inspectors are authorised officers for the purpose of this Act.

Number of Establishments Licensed . . . . . 1



# OFFICES SHOPS AND RAILWAY PREMISES ACT, 1963

Prescribed particulars to be included in the Annual Report to the Minister of Labour by Local Authorities and the London County Council under Section 60.

Table A. - Registration and General Inspections.

Period covered: To December 31st, 1966.

Class of premises	Number of premises registered during the year	Total number of Registered Premises at end of year	Number of Registered Premises receiving a general inspection during the year
(1)	(2)	(3)	(4)
Offices	Nil	19	2
Retail Shops	1	46	19
Wholesale shops, warehouses	Nil	Nil	Nil
Catering establishments open to the public, canteens	Nil	13	10
Fuel Storage depots	Nil	Nil	Nil
TOTALS	1	78	31

TOTAL Number of visits to Registered Premises under the Act - 38.

H. SHARRATT  
Chief Public Health Inspector







